

#### Public Hearing Appearance Only Registration Form

IDENTIFICATION
Name (Please Print)

City

State

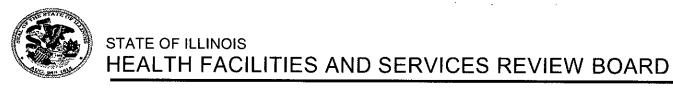
Zip

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)
Support

Oppose

Neutral



Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

IDENTIFICATION C	Sandra Cal	lahan	
City Chi Ncy	State	IL	zip 623
REPRESENTATION (This s	section is to be filled if the witnes:	s is appearing on behalf	of any group, organization or othe
Entity, Organization, et Health Care)	c. represented in this ap	pearance (i.e., AE	C Concerned Citizens fo
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POSITION (Circle appro	opriate position)		
Support	Oppose	Neu	tral

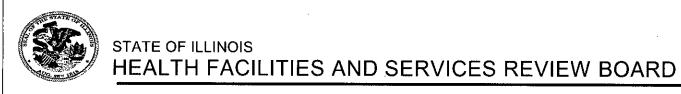


# STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Appearance Only Registration Form

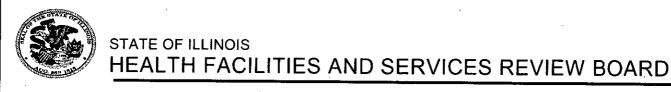
Facility Name: Quincy Medical Group Surgery, Quincy

Project N	Number: 18-042	•	•			
l.	IDENTIFICATION Name (Please Print)	Jessic	a Fresl	· 		
	city Phihay		State		zip	30)
11.	REPRESENTATION ( entity.)	This section is to be	filled if the witness is ap	opearing on behalf	of any group, organiz	ation or other
	Entity, Organization	n, etc. represer	nted in this appea	rance (i.e., Al	BC Concerned Ci	tizens for
	Health Care)	Country	Ambulo	ence.	EMS	
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		r				
III.	POSITION (Circle ap	opropriate pos	ition)		_	
	Support		Oppose	," Neu	utral	



Facility Name: Quincy Medical Group Surgery, Quincy
Project Number: 18-042

I.	IDENTIFICATION Name (Please Print) City	Doug Wil	SOL Zip	
<b>Π.</b>	entity.)		prearing on behalf of any group, organization or other arance (i.e., ABC Concerned Citizens for	
III.	POSITION ( <i>Circle appro</i>	priate position) Oppose	Neutral	•



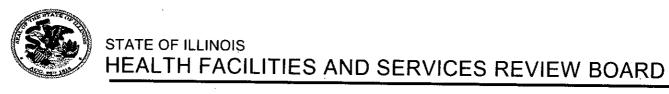
#### Public Hearing Appearance Only Registration Form

IDENTIFICATION
Name (Please Print)

City State JZip 6238

II. REPRESENTATION (This section is to be filled if the witness is appearing on beholf of any group, organization or other entity.)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)
Support Oppose , Neutral



Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

IDENTIFICATION  Name (Please Print) _	Beku Power		
City Qu	State 1	M	Zip
REPRESENTATION (TH	ois section is to be filled if the witness is a	ppearing on behalf of ar	ny group, organization or other
Entity, Organization, Health Care)	etc. represented in this appea	arance (i.e., ABC C	
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POSITION (Circle app	ropriate position)		
Support	Oppose	Neutral	

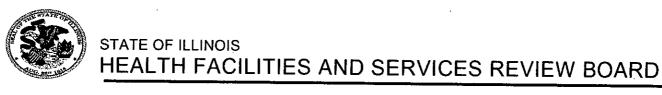


# HEALTH FACILITIES AND SERVICES REVIEW BOARD

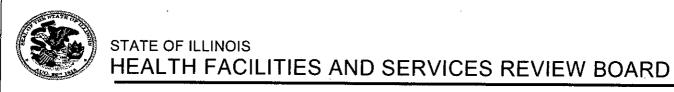
# Public Hearing Appearance Only Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project (	Number: 18-042
l.	Name (Please Print) Rec GENGENBACTET
	CityStateZip GZ365
11.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
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III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



# Public Hearing Appearance Only Registration Form



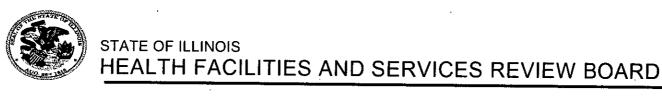
# Public Hearing Appearance Only Registration Form

-CL	. Number: 18-042						
	IDENTIFICATION Name (Please Print)	eresa	Ken	~P			_
	City Quiney	State	IL		Zip(	130	_
	REPRESENTATION (This section is the entity.)	to be filled if the witn	ess is appeai	ring on behalf of ar	ny group, organ	nization or other	
	Entity, Organization, etc. repre Health Care)	esented in this a	appearan	ce (i.e., ABC C	Concerned	Citizens for	
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	POSITION (Circle appropriate p	oosition)					
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	Support	Oppose	÷	Neutral	•		



Facility Name: Quincy Medical Group Surgery, Quincy

Project N	Number: 18-042
i.	Name (Please Print)
	City State / Zip 62305
11.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral

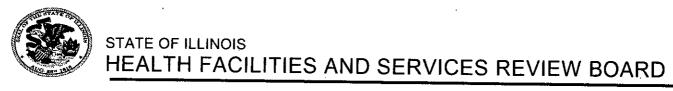


Support

#### Public Hearing Appearance Only Registration Form

Oppose

Neutral



Support

# Public Hearing Appearance Only Registration Form

Oppose

Neutral



#### STATE OF ILLINOIS

#### HEALTH FACILITIES AND SERVICES REVIEW BOARD

#### Public Hearing Appearance Only Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

I. IDENTIFICATION
Name (Please Print)

City

State

Zip

Jun

State

Zip

The witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

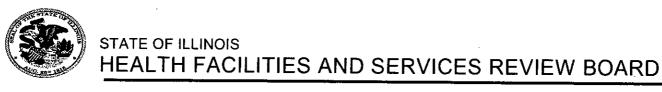
Neutral



#### HEALTH FACILITIES AND SERVICES REVIEW BOARD

#### Public Hearing Appearance Only Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy



#### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION Name (Please Print) OJA HWENS

City HUNI M State M zip 6749/

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Health Care Health Care Oppose

Neutral